



June 12, 2019

U.S. House of Representatives
Committee on Ways and Means
Washington, DC 20515

Re: Hearing on Pathways to Universal Health Coverage

Dear Chairman Neal and Ranking Member Brady:

Thank you for the opportunity to submit this statement on behalf of the Guttmacher Institute, a nonprofit, nonpartisan research and policy organization committed to advancing sexual and reproductive health and rights in the United States and globally. As the committee explores legislative pathways toward the important goal of achieving universal health coverage, we strongly encourage you to acknowledge the importance of sexual and reproductive health and rights to people's overall health and well-being. Any efforts to expand health coverage must support a comprehensive package of sexual and reproductive health services, including abortion, offer access to a robust network of qualified providers and protect the fundamental rights of patients.

Health care is a human right, and universal health coverage would be a critical step in ensuring that all people in the United States are able to access the care that they need. As it stands today, the U.S. health care system is not meeting the needs of everyone. In 2017, for example, 12% of all women of reproductive age were uninsured, including 21% of those living below the federal poverty level.¹ There are substantial coverage disparities by citizenship status, race and ethnicity, and whether or not a woman lives in a state that has implemented the Affordable Care Act's Medicaid expansion. People who have insurance coverage—whether it is through a public program like Medicaid or a private individual or employer-based plan—are more likely to have their sexual and reproductive health needs met because they have access to affordable care.

Universal insurance coverage would be only as valuable as the care that it covers. High-quality coverage must be comprehensive, meaning that it covers all [sexual and reproductive health care services](#), including but not limited to abortion.²

- **Abortion** is an essential and non-negotiable part of health care. One in four women will have an abortion in her lifetime,³ and the health care system should be prepared to meet the needs of people who choose to terminate a pregnancy at any time and for any reason. To do this, both surgical and medication abortion methods must be accessible.
- **Contraception** is an essential and ubiquitous part of most people's lives. Women in the United States typically spend roughly three years pregnant, postpartum or attempting to become pregnant and about three decades trying to avoid pregnancy (and therefore in need of contraceptive care).⁴ Consequently, nearly all women of reproductive age who have ever had sex have used at least one contraceptive method.⁵

Good reproductive health policy starts with credible research

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- **Maternal and newborn health** services touch the lives of nearly all people in the United States: Eighty-six percent of U.S. women will give birth at least once in their lives,⁶ and approximately four million babies are born each year.⁷
- **Infertility** services support individuals' ability to freely decide the number, spacing and timing of their children. They support the approximately one in 10 men and women of reproductive age in the United States who experience infertility and impaired fertility.⁸
- **Reproductive cancers** present a serious threat to sexual function, fertility and overall health. The most common and life-threatening types of reproductive cancer are cervical, ovarian, uterine and prostate, which were responsible for 57,000 deaths in the United States in 2015.⁹
- **Sexual or intimate partner violence** presents complex physical and mental health issues for millions of people: Approximately one in three people in the United States experience sexual violence, physical violence or stalking by an intimate partner in their lifetime.¹⁰
- **HIV/AIDS and other STI** care involves prevention, treatment and follow-up care. Approximately 40,000 people in the United States are diagnosed with HIV each year and 1.1 million people are HIV-positive.¹¹ In 2017, there were 2.3 million cases of chlamydia, gonorrhea and syphilis, many of which were undiagnosed and untreated.¹²

Any legislative pathway toward the goal of universal coverage—including single-payer plans and public option bills—must uphold three core [principles to fully address sexual and reproductive health care needs](#).¹³

- **Comprehensive coverage for everyone:** Coverage must be comprehensive, with all people being able to access all the services they need without financial, logistical or other barriers. This means covering all people, regardless of immigration status, and all services, including the complete scope of sexual and reproductive health services.
- **Robust network of providers:** To make coverage meaningful, legislative proposals should also ensure that care is available through a strong network of qualified providers. This means allowing patients to visit the providers they choose, investing in a network of providers who can fully meet patients' needs, and keeping pace with new technologies and opportunities to provide care.
- **Strong patient protections:** Legislative proposals must include patient protections that respect privacy and autonomy, address discrimination and inequities in the health care system, and eliminate barriers to care, including economic, geographic, cultural, linguistic, educational, legal, bureaucratic, ideological, and disability-related barriers.¹⁴

The Guttmacher Institute has been evaluating how well [individual federal health care proposals](#) adhere to these principles and address sexual and reproductive health and rights.¹⁵ As the committee considers these and other proposals that would move us closer to the goal of universal health coverage, we hope you will take into account the importance of these issues.

If you need additional information about the issues raised in this statement, please contact Adam Sonfield in the Institute's Washington office. He may be reached by phone at 202-296-4012, or by email at asonfield@guttmacher.org.

Sincerely,

Heather D. Boonstra
Director of Public Policy

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- ⁹ U.S. Cancer Statistics Working Group, CDC, United States cancer statistics: data visualizations, 2017, <https://gis.cdc.gov/Cancer/USCS/DataViz.html>.
- ¹⁰ Smith SG et al., *The National Intimate Partner and Sexual Violence Survey: 2010–2012 State Report*, Atlanta: Centers for Disease Control and Prevention (CDC), 2017, <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>.
- ¹¹ CDC, HIV/AIDS: basic statistics, 2018, <https://www.cdc.gov/hiv/basics/statistics.html>.
- ¹² Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, CDC, *Sexually Transmitted Disease Surveillance*, Atlanta: CDC, 2017, <https://www.cdc.gov/std/stats17/default.htm>.
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